

No. <b>W 82052</b>		<b>Due no later than Mar 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  EYE CARE FOR YOU PLLC PHILIP CROMWELL 134 N STATE ST STE A STE A PRESTON ID 83263		PHILIP CROMWELL O.D. 134 N STATE ST STE A STE A PRESTON ID 83263			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name PHILIP CROMWELL	Street or PO Address 134 N STATE STREET STE. A		City PRESTON	State ID	Country USA	Postal Code 83263
5. Organized Under the Laws of:  <b>ID</b> <b>W 82052</b>		6. Annual Report must be signed.*  Signature: Philip Cromwell Name (type or print): Philip Cromwell  Date: 02/08/2018 Title: partner					
Processed 02/08/2018      * Electronically provided signatures are accepted as original signatures.							